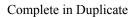
STREET & SIDEWALK VENDOR LICENSE APPLICATION





CITY LICENSE (316) 268-4553

\$6.25 per day, per vehicle \$31.75 per month, per vehicle \$137.50 per six months, per vehicle \$250.00 per year, per vehicle

BUSINESS INFORMATION	ON:			
BUSINESS NAME		PHONE #	‡	
BUSINESS ADDRESS				
ZIP CODE		STARTIN	STARTING DATE	
TYPE OF MERCHANDISE		ENDING	ENDING DATE	
APPLICANT INFORMAT	TION (must be completed by perso	on signing application):		
APPLICANT		PHONE #	‡	
NAME				
HOME ADDRESS		ZIP COD	E	
CITY, STATE		DATE O	FBIRTH	
Complete the following for:	any additional people, who will be	riding in the same vehicle-if me	ore room is need list on back:	
NAME	any additional people, who will be	DATE OF BIRTH	le room is need, rist on ouch.	
HOME ADDRESS		CITY, STATE, ZIP		
HOME HEBBRESS		[011 1, 011 112, 211	I .	
NAME		DATE OF BIRTH		
HOME ADDRESS		CITY, STATE, ZIP		
TIONE TESTEES				
NAME		DATE OF BIRTH		
HOME ADDRESS		CITY, STATE, ZIP		
110.112.112.112.2				
regulations as set out in the and all rules and regulations	answers herein contained are comp City Code of Wichita. Furthermore	plete and true. In addition, I have, I hereby agree to comply with	e read the contents of this application we read and understand all rules and h all of the laws of the State of Kansas, revocation of my license, by the proper	
Signature of Applicant		Date	Date	

FOR OFFICIAL USE ONLY

DISAPPROVED

FEE

DATE

DATE

APPROVED

Police Department Health Department LICENSE NUMBER